

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10556651

11-12-05

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2					
5	2					
6	2					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	2					
15	2					
16	2					
17	1					
18	1					
19	1					
20	3					
21	3					
22	1					
23	1					
24	1					
25	1					
26	1					
27	5					
28	5					
29	5					
30	0					
31						
32						
33						
34						
35						
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46						
47						
48						
49						
50						
TOTAL IND.	14					
TOTAL DEP.	19					
TOTAL CLAIMS	63					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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